

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>												
<b>1. Name and Address of Committee</b>  SAVEGONZALES LLC 1630 S SANDRA AVE GONZALES, LA 70737  Check If: New Committee _____	<b>2. Date of this Statement</b>  <div style="text-align: center;">1/26/2016</div>	<b>Report Number:</b> 56370  <b>Date Filed:</b> 1/26/2016												
	<b>3. Estimated Membership</b>  <div style="text-align: center;">100</div>													
	<b>4. Amended Statement?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes     <input checked="" type="checkbox"/> No         </div>													
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>CHARLES J LEBLANC</td> <td>Chairperson</td> <td>1630 S SANDRA AVE</td> </tr> <tr> <td></td> <td></td> <td>GONZALES, LA 70737</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	CHARLES J LEBLANC	Chairperson	1630 S SANDRA AVE			GONZALES, LA 70737		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
CHARLES J LEBLANC	Chairperson	1630 S SANDRA AVE												
		GONZALES, LA 70737												
	Treasurer													
<b>6. Affiliated Organizations</b> <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>												
<b>7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>										
<u>a. Name</u>	<u>b. Address</u>													
<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b> a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee														
<b>b. Name of Candidate</b>	<b>c. Office Sought by the Candidate</b>													
<b>9. a. Name of Person Preparing Report</b> WILLIAM VANDERBROOK CPA  <b>b. Daytime Telephone</b>														
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.  This <u>26th</u> day of <u>January</u> , <u>2016</u> .  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: bottom;"> <u>CHARLES J. LEBLANC</u>            Signature of Committee/Chairperson         </td> <td style="width: 50%; vertical-align: bottom;"> <u>225-647-6277</u>            Daytime Telephone         </td> </tr> <tr> <td style="vertical-align: bottom;">           _____            Signature of Committee Treasurer, if any         </td> <td style="vertical-align: bottom;">           _____            Daytime Telephone         </td> </tr> </table>			<u>CHARLES J. LEBLANC</u> Signature of Committee/Chairperson	<u>225-647-6277</u> Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone								
<u>CHARLES J. LEBLANC</u> Signature of Committee/Chairperson	<u>225-647-6277</u> Daytime Telephone													
_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone													

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

UNITED COMMUNITY BANK

b. Address

PO BOX 850  
GONZALES, LA 70707